

Popovich, Alicia Marie

A089774276 M0853788
07/04/2021 F
28 01/11/1993
Alicia

FREDERICK HEALTH

400 West 7th Street
Frederick, MD 21701
240-566-3300

CONSENT FOR A MEDICAL-FORENSIC EVALUATION & PHOTOGRAPHY

I understand that a medical-forensic evaluation can, with my consent, be conducted by a forensic nurse examiner for the purpose to identify and document any physical conditions or injuries that may require treatment and to preserve any potential evidence. I understand that I may withdraw my consent at any time for any portion of the evaluation. I understand that part of the examination will include obtaining information about my history. I understand that any medical conditions beyond the nurse's treatment will be referred to the emergency department physician or my primary care physician.

I understand that all licensed healthcare professionals are required under state law to report suspected child abuse and neglect, as well as vulnerable adult abuse, and that this will be done if the evaluation warrants a report.

I understand that photographs, videotapes, digital or other images may be recorded to document my care for medical and forensic purposes. I understand that the above mentioned photographic images may include the genital and anal area. Evidence collected during the evaluation, may be released to any treating medical personnel, and/or investigative agency.

I understand that all photography, videotapes, digital or other images will be stored in a secure manner, and will be kept for the time period required by law and hospital policy. Images that identify me will be released only upon written authorization from me or my legal representative; or unless disclosure is required by law, a court, or a legal process.

I give permission for Ann Winklbauer RN FNE A/P, Forensic Nurse Examiner to perform a medical-forensic evaluation of me. I certify that I have read, understand and agree to the conditions described above.

KAP I hereby authorize the transmittal of a copy of all medical reports, other information created, and evidence collected pursuant to the examination to the police department/State's Attorney of the jurisdiction where the events took place when and if I elect to report to police. The authorization for release of my medical records is valid for one year from the date of signing.

(Print) Patient Name or
Legal Representative:

Alicia Popovich

Relationship to Patient:

self

Signature:

Alicia Popovich

Date:

7, 7, 21

(Print) Witness Name:

Ann Winklbauer RN FNE A/P

Signature:

Ann Winklbauer RN FNE A/P

Date:

7, 7, 2021



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FORENSIC NURSING SERVICES

FOLLOW-UP EXAMINATION

PATIENT NAME: Alicia Popovich DATE: 7/7/2021 TIME IN: 11:50

VITAL SIGNS: B/P: 134/76 HR: 80 RR: 16 T: 98.7 O2 SAT: 99

Date of Assault: 7/4/2021 Reason for follow up: Photos, injury evaluation

Date of initial exam: 7/4/2021 Follow up visit: Initial 2 week 4-6 week 12 week

Other: _____

REVIEW OF SYSTEMS

NEUROLOGICAL: Ax4x4. Denies headache, ↓ LOC, dizziness. No slurred speech. PERRL, Face symmetrical
HEENT: Visible injuries to head, eyes, ear, No vision or hearing changes.
CARDIAC: Denies CP. Capillary refill < 3 seconds.
RESPIRATORY: Denies SOB, Dyspnea. Lungs clear.
INTEGUMENTARY: Visible injuries/abrasions/bruises.
GASTROINTESTINAL: Mild nausea, No vomiting. No pain.
GENITOURINARY: Denies dysuria

CURRENT MEDICATIONS:

nPep regimen

Is the patient taking HIV nPEP? Y/N Describe any side effect complaints w/management:

Mild nausea. "Tolerable" per patient.

GENERAL PHYSICAL CONCERNS/ SYMPTOMS/INJURIES (PER PATIENT):

States only area of discomfort is @ neck, described as "sore". See photo documentation.

☒ See attached forensic assessment documentation and body diagram for further details.

ION FATAL STRANGULATION FOLLOW UP: N/A

NEW OR WORSENING SYMPTOMS: no

BREATHING CHANGES: no

VOICE CHANGES: no

SWALLOWING CHANGES: no

BEHAVIORAL CHANGES: no



See follow up NFS documentation for more detailed assessment.

OTHER SERVICES

☒ CONTINUUM OF MEDICAL CARE

☒ COUNSELING

☒ SAFETY PLANNING

☐ VINE REGISTRATION/SAFE AT HOME?

☐ FINANCIAL SUPPORT/CICB

☒ OTHER: Legal services

Interventions & Plan of Care:

☐ F/U lab testing

Patient scheduled for nper F/u per protocol.
Patient denies medical complaints requiring
medical intervention. Patient navigator here to
discuss continued supportive needs. Tolerated exam
and photography without difficulties.

Next scheduled follow up appointment: NA

DATE: 8/10/21 TIME: 14:00 WITH Forensic Services LOCATION: FHH

Signature: Ann Winklbauer RN FHE AP Date: 7/7/2021 Time: 14:50

Print Name: Ann Winklbauer RN FHE AP

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FORENSIC NURSE EXAMINER PHOTO RECORD

Photographer: Ann Winklbauer RN FNE A/P Camera: Cortexflo
 Total Number of Photos: 36

NO.	SUBJECT AND REMARKS
1	Facial ID
2-7	(R) Face and Eye
8	(R) Neck
9-10	Posterior (R) Ear
11-15	(R) Shoulder + arm
16-18	Neck (anterior) + chest
19-20	(L) face + head
21-23	Mouth
24	(L) Arm
25	Bilateral anterior legs
26-27	(R) Lateral upper leg
28-30	Upper buttocks
31-36	(L) upper thigh + buttock

A hand-drawn diagram of a human face, viewed from the front, illustrating various injuries. The diagram is labeled with the following terms:

- Swelling**: Located at the top right of the head.
- Yellow + purple bruising**: Located on the right side of the face (viewer's right).
- Healing abrasions w/ scabbing**: Located on the forehead.
- Yellow + purple bruising**: Located on the left side of the face (viewer's left).
- Circular abrasion**: Located on the left cheek (viewer's left).
- Abrasion**: Located on the chin.
- ~1cm circular erythema**: Located on the neck.

A hand-drawn diagram of a human head in profile, facing right. The drawing is simple, with a curved line for the top of the head and a vertical line for the neck. On the right side of the head, there is a small, irregular shape representing the ear. A line points from the text "Bruising w/ scattered petechiae" to this ear area. The text is written in a cursive, handwritten style.

AB Abrasion	HP Hand Print	SC Scratches
BR Bruise/contusion	LA Laceration	SE Subcutaneous Emphysema
BU Burn	LI Ligature Mark	SH Subconjunctival Hemorrhage
CU Cut/incision	PA Pain	SW Swelling
ER Erythema	PE Petechiae	FE Forensic Evidence

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Allicia	



Left Side of Head



circular abrasion

Right Side of Head



Tenderness
splotchy erythema

Purple
Yellow
bruising
Posterior
Ear

Linear pattern of faint
Circular bruises w/ abrasion

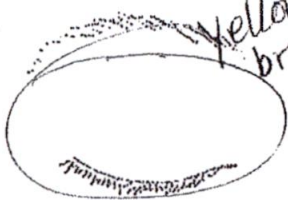
Map Legend

AB Abrasion	HP Hand Print	SC Scratches
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CU Cut/incision	PA Pain	SW Swelling
ER Erythema	PE Petechiae	FE Forensic Evidence



Outer Eyelid/Upper & Lower Conjunctiva/Sclera &
Mouth-Palate/Tongue/Frenulum/Lips & Teeth

Right



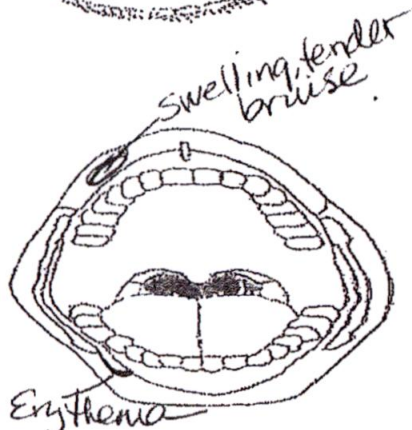
Yellow + purple
bruising, swelling



Scleral
hemorrhage

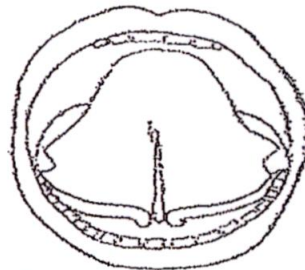


Left



Swelling, tender
bruise

Erythema



Check all that apply:

☐ Forensic evidence collection completed. (See appropriate evidence collection and COC forms for complete list).

☐ Lethality Assessment completed.

☐ Laryngoscopic examination completed.

Vascular Studies Completed: ☐ MRI/MRA ☐ Ultrasound ☐ CT

See original chart

Examiner Name: Anna Winklbauer Signature: Anna Winklbauer Date: 7/7/2021 Time: 11:52
RN FHE H/P RN FHE AP

Frederick Memorial Hospital gratefully acknowledges the work of Sally Sturgeon, DNP and Dr. Bill Smock for their assistance in the development of this form.

Strangulation

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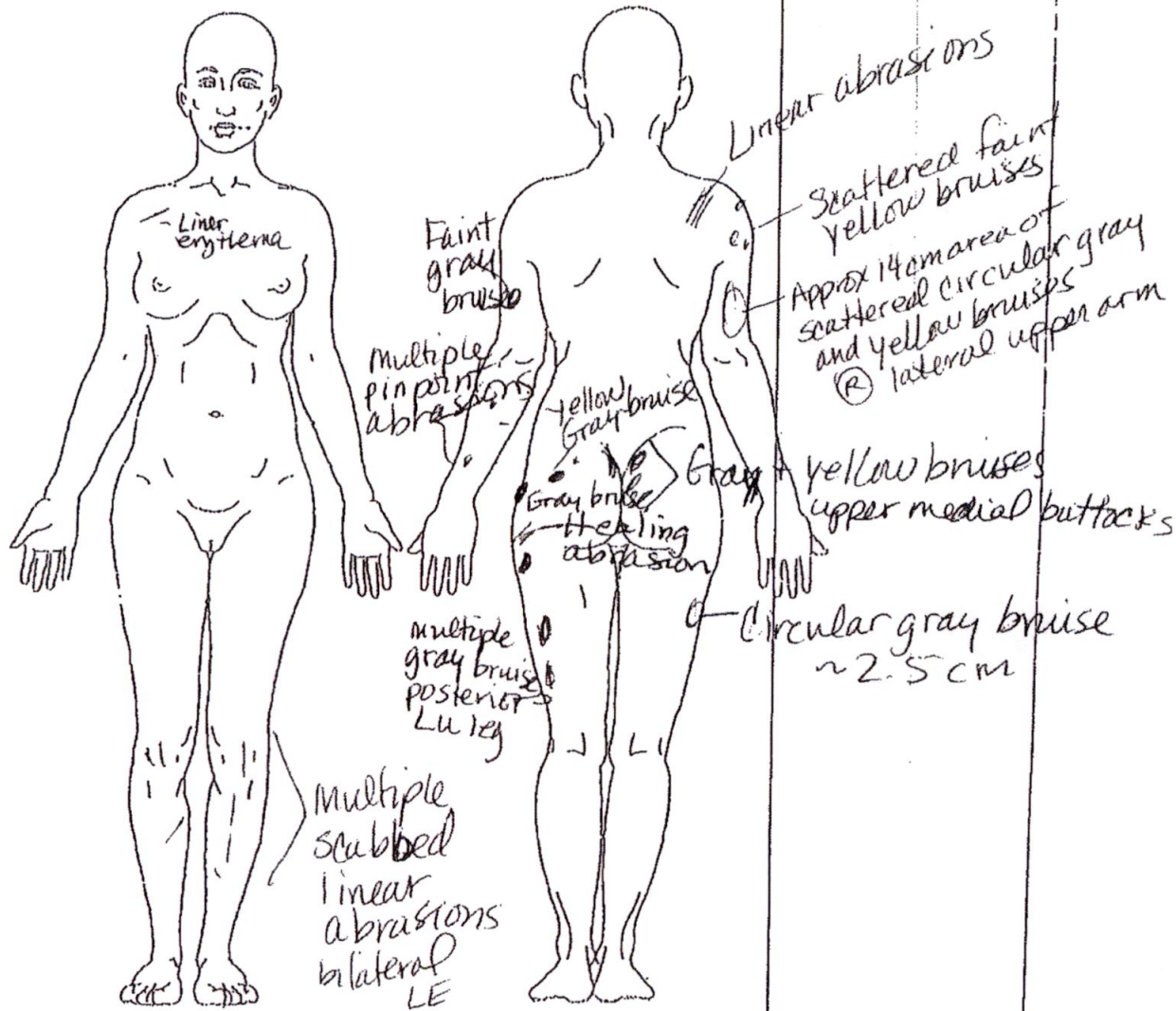
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FORENSIC NURSE EXAMINER PROGRAM
- ADULT ANATOMICAL FIGURES



TANNER LEVEL

☒ 1/2 ☐ 3 ☐ 4 ☐ 5

EXAMINER'S NAME:

Ann Winkler RN

Fne A-1P

MR.SAF:681



FMH.681 (11/11/2014)
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